2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# L69252

Entity Name: PHYSICALLY FIT OF JAX, INC.

Current Principal Place of Business:

7200 NORMANDY BLVD
4
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

7200 NORMANDY BLVD
4
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 59-3007320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MYERS, CHERYL
8526 GRAYBAR DRIVE
JACKSONVILLE, FL 32221

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MYERS, CHERYL
Address: 8526 GRAYBAR DRIVE
City-St-Zip: JACKSONVILLE, FL 32221

Title: VP ( ) Delete
Name: RICE, BRANDON L
Address: 5394 POPPY DRIVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: 2VP ( ) Delete
Name: YARBROUGH, MARLA M
Address: 6806 MCMULLIN STREET
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: RICE, BRANDON L
Address: 7986 SEAHAVEN CT
City-St-Zip: JACKSONVILLE, FL 32244

Title: 2VP (X) Change ( ) Addition
Name: YARBROUGH, MARLA M
Address: 5596 WANDERING TRAIL
City-St-Zip: JACKSONVILLE, FL 32219

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL MYERS DP 04/28/2004

Electronic Signature of Signing Officer or Director Date